U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 4/1/3

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04 Through: 12/31/04

4. Name, file number, and address of labor organization.

Name Richard N Christopherson P.O. Box, Bldg., Room No., if any Street 1000 East 10th Street City Kansas City State Missouri ZIP Code + 4 64106	Name Trop workers Local #10 Labor Organization File Number 0/04/10 P.O. Box, Building and Room Number, if any Street 1000 Fast 10th Street City Kansas City State Missouri ZIP Code +4 64106
5. Position in labor organization. Buishess Agent Enter appropriate data below If, during the past fiscal year, you or your sp	State Missouri ZIP Code + 4 64106 ouse or minor child directly or indirectly had any of the following interests dusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
1.0. Dox, Blags, Room No., a any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sig	ınature
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the s	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing Richard N Christoph	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Invesco Capital Management Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 Street 1360 Peachtree St. N.E. City Atlanta State Georgia ZIPCode+4 30309	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Mo-Kan Ironworkers Pension Trade Name, if any:	Money Manager		
P.O. Box, Bldg., Room No., if any Suite 108	VI CALLANDERS	Charles de management de la companya	
Street 3100 Broadway			
,	11.b. Approximate dollar value of such dealing.	9.25.2.7.2.	
City Kansas City State Missouri ZIP Code + 4 64111	12.a. Nature of interest held or income received.		
	12 h Amount	# 48,00	
	12.b. Amount.	7.70.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:		V congress of the control of the con	
P.O. Box, Bldg., Room No., if any			
Street			
City		and the second s	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Kichard N Christophers	File Nu	ımber U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Arnold, Newbolt, Arnold Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1600 Street 1125 Grand City Kansas City State Mo ZIP Code + 4 64106	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Mo-Kan Ironworkers Pension Fund Trade Name, if any: Zenith Administrators P.O. Box, Bldg., Room No., if any Suite 108	Funds Atty	,
Street 3100 Broad way	11.b. Approximate dollar value of suc	h dealing. \$ 91,802.18
City Kansas City	12.a. Nature of interest held or inco	
State Mo, ZIP Code + 4 6 4 / 1 / 1	Gift Certi Christmas	
	Er plur plannere lighere nu ver gerer eneger is haller film pipil de profession als vers bis in energies i verbus vers est i debris infellur ett bis in	
	12.b. Amount.	\$ 50.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	CONTRACTOR MACAGINETICS	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Richard N Christophers	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name N W Q Investments Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 South 5th street City Minneapoli's State Mn, ZIP Code + 4 55 402	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name MO-KAN Ironworkers Pension Fund Trade Name, if any: Zenith Administrators P.O. Box, Bldg., Room No., if any Suite 108	Money Manager	
Street 3100 Broadway	11.b. Approximate dollar value of such dealing.	\$96,631.66
City Kansas City	12.a. Nature of interest held or income received.	134 - 3 - 3 - 9 - 5 - 1 - 1 - 1 - 1 - 1
State Mo ZIP Code + 4 6411	Golf Game	
	12.b. Amount.	1100.00
		herappenent of the transfer of the second of
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	• •	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		man in a contract of the contr
вышения на принципальный принципальн		Name of the state
State ZIP Code + 4		

Name of Person Filing Richard N Christophe	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Mo-Kan Ironworkers Trust Funds Trade Name, if any: Zenith Administrators P.O. Box, Bldg., Room No., if any Suite 108 Street 3100 Broadway City Kansas City State Missouri ZIP Code + 4 64/1/1	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Mo-Ken Ironworkers Trust Fonds Trade Name, if any: Zenith Administrators P.O. Box, Bldg., Room No., if any Suite 108	Third Party Administrator	
Street 3100 Broadway	11 h Approvimate dellar value of such dealing # 2/15 90/	
city Kansas City	11.b. Approximate dollar value of such dealing. #345, 984	
State M ₁ \$500 \$; ZIP Code + 4 (6 4 11)	International Fund seminar Reinvercement New Orleans	
	124 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	12.b. Amount. #1,237,00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Kichard N Christo	ppherson File	Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name N W Q Investment Manager Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 South 5th Street City Minnea polis State Mn. ZIP Code + 4 55 402 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
Name Mo Kan Ironworkers Pension	Money Ma	nager	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 108			
Street 3100 Broadway	11.b. Approximate dollar value of	such dealing. 96, 631.66	
City Kansas C.ty	12.a. Nature of interest held or i	•	
State Missouri ZIP Code + 4 64/11	Dinner Me	eal	
	12.b. Amount.	\$ 88.00	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Richard N Christopher	Son	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	\$	
8. Name and address of Business (including trade name, if any). Name Ark Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 Broad Street City New York State NY. ZIPCode+4 10004	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name Mo Kan Ironworkers Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 108 Street 3100 Broadway	Money M		À
City /	11.b. Approximate dollar value		115,721.00
City Kansas City State Missouri ZIP Code + 4 64111	12.a. Nature of interest held Dinner		
	12.b. Amount.		\$ 280.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:	and the second s		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		